

## R430-100-14: CHILD HEALTH.

- (1) The licensee shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.

### Rationale / Explanation

*Serious physical abuse of children by caregivers usually occurs at times of high stress for the caregiver. For this reason, it is important for caregivers to have ways of taking breaks and seeking assistance when they are stressed. CFOC, 3<sup>rd</sup> Ed. pgs. 41-43 Standard 1.7.0.5*

*The presence of multiple caregivers also greatly reduces the risk of serious abuse to children. Abuse tends to occur in privacy and isolation, and especially in toileting areas. CFOC, 3<sup>rd</sup> Ed. pgs. 125-126 Standard 3.4.4.5*

*Corporal punishment may be physically and emotionally abusive, or may easily become abusive. Research links corporal punishment with negative effects such as later criminal behavior and learning impairments. Other inappropriate discipline methods such as humiliation or using abusive language may also be emotionally abusive. CFOC, 3<sup>rd</sup> Ed. pgs. 70-72 Standard 2.2.0.6, pgs. 75-76 Standard 2.2.0.9*

### Enforcement

*Always Level 1 Noncompliance.*

- (2) All staff shall follow the reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation found in Utah Code, Section 62A-4a-403 and 62A-4a-411.

### Rationale / Explanation

*Reporting of suspected child abuse or neglect is required by Utah law. Suspected abuse and neglect must be reported to law enforcement or Child Protective Services. Reporting suspected abuse or neglect to one's supervisor only does not meet the legal requirement to report suspected abuse and neglect. CFOC, 3<sup>rd</sup> Ed. pgs. 123-124 Standard 3.4.4.1*

*See CFOC, 3<sup>rd</sup> Ed. pgs. 445-448 Appendix M for a list of signs of possible abuse and neglect, and pgs. 449-450 Appendix N for a list of protective factors regarding abuse and neglect*

### Enforcement

*It is acceptable if the caregiver discusses the suspected abuse with the director prior to reporting and the director and caregiver together conclude that it is not abuse. For example, if the director knows about a fall a child had that resulted in an injury and the caregiver does not know about the fall, and suspects the injury may have resulted from abuse.*

*The Licensee is not in compliance with this rule if suspected abuse or neglect is reported to a company's attorney.*

*Always Level 1 Noncompliance.*

- (3) The use of tobacco, alcohol, illegal substances, or sexually explicit material on the premises or in center vehicles is prohibited any time that children are in care.

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### Rationale / Explanation

*Scientific evidence has linked respiratory health risks to secondhand smoke. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Infants and young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia, and middle ear infections when they experience common respiratory infections. CFOC, 3<sup>rd</sup> Ed. pgs. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15*

*The age, defenselessness, and lack of mature judgement of children in care make the prohibition of tobacco, alcohol, and illegal substances an absolute requirement. CFOC, 3<sup>rd</sup> Ed. pgs. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15*

### Enforcement

*Level 1 Noncompliance if alcohol or illegal substances are used or if tobacco is used any place indoors or within 25 feet of:*

- A. the entrance/exit of the building*
- B. an open window*
- C. the outdoor play area*
- D. a child*

*Level 2 Noncompliance otherwise.*

- (4) The provider shall not admit any infant, toddler, or preschooler to the center without documentation of:**
- (a) proof of current immunizations, as required by Utah law;**
  - (b) proof of receiving at least one dose of each required vaccine prior to enrollment, and a written schedule to receive all subsequent required vaccinations; or**
  - (c) written documentation of an immunization exemption due to personal, medical or religious reasons.**

### Rationale / Explanation

*Routine immunization at the appropriate age is the best means of preventing vaccine-preventable diseases. CFOC, 3<sup>rd</sup> Ed. pgs. 297-299 Standards 7.2.0.1, 7.2.0.2, pg. 356 Standard 9.2.3.5*

### Enforcement

*Records must be kept for all enrolled children, including the provider's children under age 4 and "drop-in" children.*

*Acceptable immunization records can either be on the pink state immunization form, the yellow card from the local health department, or any immunization record from a health care provider.*

*Immunization rule for students R396-100(6) requires providers to have current immunization records for **all** of the children and submit an annual report.*

*Immunization exemption forms are not required to be updated annually.*

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*Always Level 3 Noncompliance.*

- (5) The provider shall not admit any child to the center without a signed health assessment completed by the parent which shall include:
- (a) allergies;
  - (b) food sensitivities;
  - (c) acute and chronic medical conditions;
  - (d) instructions for special or non-routine daily health care;
  - (e) current medications; and,
  - (f) any other special health instructions for the caregiver.

### Rationale / Explanation

*Admission of children without this information can leave the center unprepared to deal with daily and emergency health needs of the child. CFOC, 3<sup>rd</sup> Ed. pgs. 80-81 Standard 2.3.3.1*

*Food sensitivities can result in minor irritations (rashes, loose stools) whereas a true allergy could cause a life-threatening reaction (anaphylaxis, severe asthma attack, hives, etc.).*

*Food allergies are common, occurring in between two and eight percent of infants and children. Food allergic reactions can range from mild skin or gastrointestinal symptoms to severe, life-threatening reactions with respiratory and/or cardiovascular compromise. Deaths from food allergy are being reported in increasing numbers. CFOC, 3<sup>rd</sup> Ed. pgs. 160-161 Standard 4.2.0.10*

### Enforcement

*Records must be kept for all enrolled children, including the provider's children under age 4 and "drop-in" children.*

*Parents may list more than one child on an admission form but a separate health assessment is required for each individual child.*

*The health assessment form used by the provider does not have to use the specific words "acute" and "chronic," which parents may not understand. This rule is in compliance if the health assessment form has a place to document any medical conditions the child has.*

*If the center's health assessment has a place to document any food or drink restrictions, this rule is in compliance for (b) food sensitivities. The form does not have to use the specific words "food sensitivities."*

*Level 1 Noncompliance if lack of information on a health assessment resulted in an emergency situation (seizure, allergic reaction, etc.) in which caregivers did not have the needed information.*

*Level 3 Noncompliance otherwise.*

- (6) The provider shall ensure that each child's health assessment is reviewed, updated, and signed or initialed by the parent at least annually.

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### Enforcement

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